

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042647

5569 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

NOV 16 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in 1b <b>3 months</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) <b>Kansas City Convalescent Home</b>		d. STREET ADDRESS (If outside, give location) <b>704 Ponca Drive</b>	
HOSPITAL OR INSTITUTION <b>3200 Norledge</b>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>EFFIE</b> Middle <b>CORDELIA</b> Last <b>GRIGGS</b>			4. DATE OF DEATH Month <b>11</b> Day <b>2</b> Year <b>1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-24-79</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Sikeston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Settles</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Trotter</b>	14. NAME OF HUSBAND OR WIFE <b>Robert King Griggs</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>K.C., Mrs. Opal Coleman; 1512 White, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Septic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>cerebral vascular accident</b>		<b>70 days</b>
DUE TO (c) <b>Hypertension</b>		<b>5 yrs.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>10:30</b> a.m. <b>10:30</b> p.m.	Month, Day, Year <b>June 1956</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Sikeston, Missouri</b>	COUNTY <b>Jackson</b> STATE <b>Missouri</b>
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21. I attended the deceased from <b>June 1956</b> to <b>11/2/62</b> and last saw her alive on <b>11/1/62</b> Death occurred at <b>10:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>L. Gehrke</b> (Degree or title)	22b. ADDRESS <b>1420 E. 31st St. St. Louis</b>	22c. DATE SIGNED <b>11/2/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial 11-2-62</b>	23b. DATE <b>11-2-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sikeston Scott Co., Missouri</b>
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24. FUNERAL DIRECTOR <b>ALBRITTON FUNERAL HOME, MISSOURI</b>	25. DATE RECD. BY LOCAL REG. <b>11-2-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Gehrke

Highway 101 N.  
Oxnard

Los Angeles Bureau

Investigation  
704 North Main

San Diego  
San Diego County Jail  
San Diego, California

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10-24-78

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11-24-78

Robert King

Robert King

Robert King

11-24-78

Signed Jack E. Moore

Licensed Embalmer No. 4729

P.O. Address Trumble Mo

x

11-24-78

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